1: Hanks E-5 (1953-1954) 1964 AO7 Central Thai AO7

[P. 1]

SUMMARY

On the assumption that a woman's physical and mental condition at childbirth is a product of her life-long daily habits and ideas as well as any particular injunctions set up to insure well-being in pregnancy and parturition, the cultural scene was searched to ascertain all possible relevancies.

The farmers of Bang Chan lived in a tropical, rice-growing terrain, annually flooded by the monsoon run-off. Food was plentiful even if cash was not. Except for better housing and equipment, and a greater enjoyment of market novelties, the rich lived much like the poor. The work in the fields by women paralleled that by men. Sharp physical demands, especially at planting and harvest, made them muscular.

At marriage the partners were fully mature and no woman was married against her wishes. The birth of a child was welcomed as leading to higher personal, social, and economic status.

The underlying concepts which explain why the food and other injunctions, both pre-natal and post-partum, and the ritual behavior took their particular forms, are explained.

The human body, harboring multiple immaterial souls, was seen as composed of earth, fire, water, and wind. Illness was caused by intrusive disruption of these four elements, or by soul loss. Food and medicines had properties which could be used to restore balance in the elements. The traditional curers or exorcisers had magical and herbal remedies obtained ritually from a teacher. Since Buddhist phrasings, often read from old texts in weekly sermons, molded Bang Chan's conception of life, the ultimate cause of health or illness was the presence or absence of merit. This determined one's kam (karma), the balance sheet of virtuous actions which one added to, or reduced by sinning throughout successive existences over eons of time.

The Buddhist cosmic view of individuals as separate autonomous beings brought it about that help was the only dynamic relationship possible between people. The bonds established by helping people, on this earth, especially in the tasks of feeding priests, lasted on into successive incarnations. Thus, meritorious people met again and might marry again. Families had continuity over time, and babies were born into the "right"

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Within the community all women received about the same service. Though the poor felt the 20 to 30 baht cost[5] of a midwife was too expensive, and so utilized the free help of a compassionate kinsman (usually the mother) or neighbor, the latter sometimes were as expert manually as a midwife or even on their way to becoming one. The few critical cases, rich or poor, who were taken to the Minburi Health Center managed to pay the 50 to 70 baht fee (120 baht if penicillin were used).

General Attitudes Towards Having Children

In these farm families, children were an asset, for their help, skills, and earnings enriched the family. Boys and girls were equally desired. A girl did household chores and at her marriage brought in the considerable payment of "milk money." A boy could be ordained and so "bring merit" to his parents. Both could farm, and both would provide cherishing care to the parents in their old age, but this was expected particularly of daughters. A child usually arrived within a year or so of marriage, to the rejoicing of everyone. Until the birth of a child, marriage only partially changed the young couple's status, especially if they were still living under the parental roof. With children they became the heads of a family, with authority over, and responsibility for, a younger generation. In the few polygymous households, the position of a younger wife was enhanced when she bore a child. Sometimes on the birth of this or another child, the money paid to the bride's parents at the time of the wedding was turned over to the new mother. Title to some of the familial land, never given until a marriage had proved stable, might be conveyed to one spouse or the other. The arrival of a child was sometimes a signal for preparations for moving out and establishing an independent household, or for establishing a "second kitchen," i.e. two separate families living under a single roof. A study of the birth-rituals (Chap. V) gives evidence that the arrival of a child, especially the first, was of deep psychological and social significance to the parents. The marriage bonds were strengthened if the first-born were male (cf. p. 65). A couple without children was "sad" and "a little less rich." Barrenness was caused by lack of merit.

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5. Analysis of Janlekha's figures, borne out in observation, shows that per capita income was low, that there were many poor people, and because of the seasonal nature of income, even the rich were short of cash (1955:135-143). Ninety-two baht were the average "expenses for medicine" including delivery fees (1955:142).

597 Adoption was fairly common, though not always of lasting satisfaction. On the other hand, in this watery domain, the
842 trouble (lambak) in raising children, mostly involving
855 ceaseless tending, was such that a childless woman was accorded a little surface envy as one who had missed or avoided a lot of trouble. The attitude towards twins was
845 ambivalent. "Twins are unlucky because there are more mouths to feed, more labour, trouble, and not enough milk. With twins, a poor family will never rise again." "No one will marry a twin for fear of begetting twins." "If twins are of a different sex, one must die." Yet others considered twins lucky "because they could be nursed at the same time, and given the same things."

855 Wealth differences also affected these attitudes,
842 especially if babies came in close succession. Comments
184 heard were: "Why do poor people have more children than the rich?" "Many visitors come bringing gifts to a rich parturient because she is respected. No one likes to talk to a poor person." "Those who have a baby oftener than every 3 years will never be rich. Fortunately, 4 of my 7 children died." The increasing cost of raising children was a concern. In one of the few families that had plans for their children's education, the father underwent a vasectomy after his 9 fine children were born, because he "feared he would not be able to feed them all." His wife, reassured that the operation had not "hurt" her husband, "was glad he had done so."

847 Abortifacients and Contraceptives

[779] Episodes concerning abortifacients were whispered about both Muslims and Buddhists. A Buddhist who induced abortion was seen as impeding an individual's rebirth and disobeying a religious prohibition on taking life, tenets which did not obtain among the Muslims. Abortifacient medicines to be used with abdomen-pressing were quietly sold by Muslims.[6] "Unmarried Muslim girls use them mostly," reported one Buddhist, "and they almost die in the process." A Buddhist curer had similar expensive medicine, but "unlike the Muslims, he will
842 not destroy the baby." Chinese boat-vendors also carried contraceptive medicines (ya) which were secretly discussed by wives. A husband reported his wife as saying, "Old ways

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6. Fraser (193) reports that in the Muslim village of Rusembilan, abortions were openly practiced, (as if part of a Muslim cultural heritage).

are more reliable than the new," implying familiarity with both. One Buddhist headman earnestly sought of the field-worker information on medicines, or "mechanical devices" about which he had heard, but bemoaned the costliness.

To the concepts underlying childbirth, both as physiological processes and their meanings in Bang Chan's world view, we devote the next chapter.

7. Hauck (1956) finds that the number of pregnancies compared to the years of marriage is so low as to suggest (1) relatively low fertility in many cases, or (2) the existence of some (unknown) method of birth-control (pp. 31-32). She finds an unusual feature of menstrual history as compared to western standards in a somewhat older age at menarche (median and modal age was 15, with a range from 13-19 years). The onset of menopause occurred anywhere from 36-55 or even later, which is somewhat later than in western societies (pp. 30-31).

Chapter III

PREGNANCY AND PARTURITION

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Conception

Conception occurred when a khwan-soul flew into the womb of a woman during sexual intercourse. "A father and a mother are equally important because there is no birth in the world without both. An infant is the product of both sexes," said a priest in a Bang Chan sermon.[21]

The little being in the womb from the moment of conception was a specific individual who had lived many times before, meritful or sinful according to its previous actions. Desire for rebirth was in itself evidence of inadequate merit to effect release from incarnation. Though this life was to some extent a fresh start, his character (nisai) and heart (čhai) were already largely formed through his store of merit and ingrained habit from former existences.[22]

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[779] 21. The teachings of the Buddha state: "Rebirth takes place when a father and a mother come together, and it is the mother's period, and the one to be born is present" (Suriyabongse:20).

22. He bore with him the last ideas spoken to him at his most recent death. The Visuddhi-Magga tells how this carry-over occurs. One of the categories of karma, was the "close at hand, karma remembered at the point of death [which] springs up with [a person] in rebirth" (Warren:246). As King Mongkut lay dying, everyone in the room called out "arahat!" in his ear incessantly so that by "remembering it at the point of death" he might be reborn an Arahat (E.R.E. "Siam": 487). Another pertinent category of karma was the "habitual": "karma that has become habitual through frequent repetition. This brings on rebirth when [other] forms are absent" (Warren:246). Here is the basis for the inborn character, heart and ingrained habit (cf. J.R. Hanks, 1959, and the section below on "Habit" (khoei).

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The Pre-natal Baby

The baby's body "started as a hair." After conception it was necessary that the father, with his semen during intercourse "strengthen" the baby. There was less, if any, intercourse in the last weeks of pregnancy, though no prohibition against it. Food eaten by the mother, "transformed into blood," built the baby's body. For the first 3 months the child was a "clump of blood." By the third month the mother felt a shaking (saan) at the clump. This was the "khwan soul flitting in and out of the baby's heart." The picture of pre-natal growth was expressed by the chant at the tonsuring ceremony:

> "The body of a child inside its mother's womb grows gradually like droplets of oil coagulating at the end of the yak's hair. The 5 apertures appear, the nose, 2 ears, and 2 eyes; and then the hair, hands, and feet. The infant's hands embrace its placenta from which it sucks water day and night. There it sits on its mother's faeces while her newly eaten foods pack closely on its head. Its chin rests upon its knees, its face is turned toward the mother's back as it leans back against her belly. It looks like a monkey in the rain, sitting, waiting, trying to warm itself in a hole at the foot of a tree" (S.S.).

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Before birth (and after), the baby was weak and tender (ɔ̃n), with especially soft, thin skin.

The Pregnant Woman

In pregnancy, a woman saw herself as moving toward the fulfillment of her long adumbrated female office[23] of nurturer. The essence of her femaleness, to be "soft and yielding, to lengthen life by nourishing others" was heightened.

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23. To paraphrase Fortes: "office," subsuming both status and role, means "calling, occupation, or life-task." It serves "instrumental or utilitarian ends," yet also has the "other dimension of duty and responsibility enjoined, sanctioned and above all symbolized in ceremonial or ritual forms placing it in the moral order" (Fortes:62).

The genetic connections of those who did not help in cash, or labor at, say, cremations or cooperative work-parties were forgotten. Degree of help was a measure of kinship solidarity, and even marked the outer boundaries of kinship.

The word "help" turned up over and over again in the context of childbirth. Birth came about because a married couple, already steeped in the knowledge that they had been so helped by their parents, "helped another individual to new life" through the mingling of semen and blood. The midwife's role was merely to "help." When a woman engaged a midwife, her words were, "Will you come to help me?" A baby having trouble breathing right after delivery "had to be helped for half an hour." Most important, only through the reciprocal help of mother and child was rebirth to earthly life implemented at all. Parturition was an active, cooperative venture between 2 autonomous beings. The child set the time for labor to start by "deciding to be born" when his 32 parts were "complete,"[38] and he had worked off sufficient sin in purgatory to permit rebirth. The mother by her labor "helped the child to be born," but she could not succeed unless he actively "helped," too. Though other assistance to her was desirable, such as persons to support her back and press out the infant, only his help was essential. Without it she had a hard or unsuccessful labor. A woman who gave birth successfully without outside help created no stir because it was evident that the baby had been helpful.

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38. Informants were not uniform in opinion here. Some said the khwan (or winyān) was the first "part" to establish itself--arriving at the moment of conception--others that it was the last (Textor:262). In either case it was highly volatile during pregnancy, and the trapping by winnowing at birth was the major means of rooting it in the person. During pregnancy, medicine for wind in the fetus was given "which was not effective if there were no khwan," but whether the khwan was the mother's or the child's was not certain.

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home brew; rub-on medicine (yā chup) instead of a fire or fire-container; canned cows' milk, and nursing bottles for the baby, and the bottles washed with salt; the transfer of a baby from the tray to the cloth cradle before the termination of the fire-rest because "he needed fresh air;" and the rejection of the turmeric rub against the wind element as "dirty and ugly."

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To use modern medical care was becoming prestigeful. Most spectacular here was a case of a prosperous and educated man who had had 9 children, then "feared he could not feed them all," so underwent voluntarily a vasectomy. Patronage of the second class doctors who used modern medications but explained them in traditional terms was frequent among the well-to-do. The Mīnburī Health Center, a resource in case of over-long and difficult labor, was beginning to be seen as a fashionable place to go for medical care and parturition. The case of the 2 teachers who laid plans ahead to go to the Center (but their quick labor precluded attempting to get there) showed that prestige had a stronger lure than convenience at times. It was much more convenient to bear a child at home, yet one of these teachers even talked about wanting to be delivered in Bangkok at the Woman's Hospital, an extreme of prestige and practical inaccesibility.

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The drive toward progressiveness led to conscious re-examining of those "old ways" that could be visually tested. One woman said, "There are fewer spirits (phī) nowadays." There was the mother who pondered the maxim about burning up all the wood collected by the husband to make a child finish tasks when he grew up. Finding it not true, she abandoned it at her next confinement. A man said that the old belief that papaya should not be planted near the house because "it dies easily and doesn't like water," and so would affect a child, was "unreasonable because the harm was not specific [e.g. a threat to skin or eyes]. If specific, I might believe it." An opening wedge of disbelief was noted where a woman gave no bit of rice to her baby to start a habit for later benefits because "she was told but didn't believe it," and another who said the "winnowing rite was not important."

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In addition to prestigeful changes were those due to individual circumstance, taste or preference, and convenience unaffected by social aspirations. One woman rejected going to the Mīnburī Center for delivery and took up the hot-ashes container instead of a fire because she could better direct her older children, and "it was less hard on them." A poor woman took no medicine during pregnancy because she had no money to buy it. A comment that of recent years medicines were purchased because "women are too lazy to make them up" as in the old days, sounded more personal than socially significant. A change induced by lack of money was that "hot spices

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147 duration and regularity of menstrual periods, and intervals between periods (Table 12).

Table 12

Characteristics of Menstrual Periods of Women in Bang Chan

	Percentage of Respondents in Each Category			
Duration, days	Under 3	3 or 3+(a)	4 or 4+(a)	5 or more
91 respondents	6	78	11	5
Interval	**Short**	**Usual(b)**	**Long**	
101 respondents	0	84	16	
Regularity		**Regular**	**Irregular**	
102 respondents		89	11	

(a) A plus sign indicates variability of period, as 3-4 days.

(b) usual - approximately 1 lunar month.

While the usual variations were encountered, a large majority of responses were similar. Thus the typical woman in Bang Chan menstruated at regular intervals of about 1 lunar month, for a period of approximately 3 days. While the sample is small, the only unusual feature of menstrual history as compared to western standards appears to be a somewhat older age at menarche.

892 Pregnancies. - Most married women in Bang Chan have children. The range in number of pregnancies for a given number of years of marriage is great, however (Table 13), and suggests either 1) relatively low fertility in many cases, or 2) the existence of some method of birth control of which the research workers, including the Thai physician, had no information. Zimmerman (1931, p. 230) has commented that in Thailand the birth rate did not seem to be under human control. He said that rural Thai did not know about birth control nor practice any form of it to any extent.

AA [see p. 32-Analyst]